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Newborns in the NICU are going home sooner thanks to reduced antibiotic use.

Providing specialized expertise that makes us the region's most valued health care asset.

UF Health is always looking for ways to enhance the care we provide to patients and families. As the community grows, so does our health system — not only in square footage and reach, but also through technology and the specialized services we offer.

We currently have more than 30 primary care practices and more than 100 specialty services. This summer, we are proud to add the UF Health Comprehensive Spine Center – North to that list.

Recurring back or neck pain is among the most debilitating conditions a patient can experience and can make it extremely difficult to work or function in daily life. Our multidisciplinary spine care team will be a valuable resource for patients and referring physicians.

The new center is located at UF Health North on the sixth floor of the medical office building. If surgery is necessary, the high-quality care and resources patients have come to expect at the north campus are just an elevator ride away. The hospital's state-of-the-art surgical center is home to some of the most clinically advanced surgeons and latest technology in the region. In addition, there are 72 medical and surgical rooms that can accommodate patients who may need to undergo inpatient procedures.

Patient safety and quality continues to be our top priority. Our administrators and medical staff are always implementing best practices to ensure patients receive the



best care and experience. It is through this ongoing effort and vigilance that newborns admitted into our Neonatal Intensive Care Unit have been able to go home on average about a week sooner than expected.

These are just two examples of how our teamwork and specialized expertise positively impact patients' lives, making us "the region's most valued health care asset."

Sincerely,

Leon L. Haley Jr., MD, MHA, CPE, FACEP

A CURE IN SIGHT

SANDEEP GROVER, MD



UF Health ophthalmologist works toward possible treatment of inherited retinal diseases.

Hundreds of patients fill the exam rooms at UF Health Ophthalmology – Jacksonville every week to receive care for a variety of eye conditions, such as cataracts, diabetic eye disease and glaucoma. Monday mornings, however, one clinic is reserved for a much smaller group living with rare inherited retinal diseases.

“Most people have never heard about the diseases that I deal with, such as retina pigmentosa, Stargardt disease and Leber congenital amaurosis,” said Sandeep Grover, MD, associate chair of ophthalmology. “Most of these conditions are progressive, with some eventually leading to blindness. Unfortunately, there are no treatments for most of them.”

An inherited retinal disease is a type of eye disorder caused by a gene mutation that affects the retina, or the light-sensing cells in the back of the eye. These conditions can affect a patient’s vision in different ways, including night-blindness, tunnel vision, impaired center vision or seeing distortions of lines and shapes, and some ultimately leading to blindness.

“When I have to tell parents their child has

Leber congenital amaurosis and that they won’t be able to see well for the rest of their life and we don’t have any treatments, that can be very devastating for a couple to hear,” Grover said. “But I also get to tell them that they are not alone. There are other families with children who also have it and they are members of a community and support system through the Foundation Fighting Blindness. It’s the reason I helped start the Jacksonville chapter.”

SIGHT-SEEING RESEARCH

The Foundation Fighting Blindness is the world’s leading private funder of inherited retinal disease research. On an annual basis, the Foundation Fighting Blindness and the Foundation’s Clinical Research Institute finance more than 100 research grants.

“There are various fronts in inherited retinal disease therapy,” Grover said. “Some of the ongoing research involves gene therapy, stem cell treatment or retinal pigment epithelium cell transplant.”

Grover is currently working to bring Luxturna to UF Health Ophthalmology – Jacksonville.

It is the first gene therapy treatment approved by the Food and Drug Administration for one kind of Leber congenital amaurosis and the only treatment approved to treat an inherited retinal disease. Currently, there are nine health care centers across the United States staffed with retina surgeons trained to administer the drug through an injection into the eye. The closest center to Jacksonville is in Miami.

“UF Health Jacksonville was one of only 10 centers in the past to administer an experimental eye treatment for retinitis pigmentosa, and I am hoping we can participate with this treatment at some point,” Grover said.

He hopes this is the first of other medical breakthroughs to come that will one day slow down the disease progression or even reverse it and prevent patients from going blind.

“This particular gene treatment is the first to surface,” Grover said. “It took about 20 to 25 years for this treatment to be proven effective and approved. I think this has paved the way for other forms of treatment that will come faster and hopefully eradicate blindness from inherited retinal diseases.”

For more information about UF Health Ophthalmology – Jacksonville, visit UFHealthJax.org/ophthalmology or call 244.9390.

Restoring Health, Regaining Mobility Through Advanced Spine Care

New comprehensive spine center opens at UF Health North.

Whether it's a cancerous tumor, a spine fracture caused by a traumatic event or disc deterioration sustained over time, the UF Health Comprehensive Spine Center has experts to address the most complex spine needs.

UF Health neurosurgeon Kourosh Tavanaiepour, DO, serves as director of the center, which is located on the UF Health North campus. The center has been operating since Tavanaiepour arrived at UF Health last year, with an official grand opening celebration held last month.

Tavanaiepour and the other specialists within the center offer a wide range of treatment options for all types of spine disorders, from chronic back pain to complex conditions such as adult scoliosis, herniated disc and spinal stenosis. Other conditions treated include intervertebral disc disease, low back pain, spine deformities and spondylosis.

In addition to Tavanaiepour, the center's team of board-certified and fellowship-trained neurosurgeons includes Dunbar Alcindor, MD; Carlos Arce, MD; Grzegorz Brzezicki, MD, PhD; Gazanfar Rahmathulla, MD; and Daryoush Tavanaiepour, MD. UF Health neurologists, pain management specialists and physical therapists also help make up the team, which meets weekly to review patient cases and develop individualized treatment plans.

"Every patient comes to us with a unique set of circumstances," said Kourosh Tavanaiepour, who is fellowship-trained in complex and minimal invasive spine surgery. "We develop a plan that's best for the individual. Sometimes, that means avoiding surgery altogether and proceeding with a pain management regimen. But if necessary, we have the expertise and experience to successfully perform surgeries that lead to restored health and regained comfort and mobility."

The center has a spine coordinator who is available to discuss the latest research in spine conditions and treatments and to assist post-surgical patients, who come from Northeast Florida, Southeast Georgia and beyond. Some patients come from as far south as the Daytona Beach area.

"Our goal is to continue to grow and expand in scope to become the premier comprehensive spine center in the Southeast," Kourosh Tavanaiepour said.

The UF Health Comprehensive Spine Center is located inside the UF Health North medical office building, 15255 Max Leggett Parkway, Suite 6500. For more information, visit North.UFHealthJax.org/spine or call 383.1000.



Quality Care Starts With Communication

UF Health Jacksonville's HCAHPS scores increase thanks to a nursing communication initiative.

UF Health Jacksonville has world-class providers who use the latest medical advancements to treat their patients, but all of that can fall short if a patient has a negative experience during their hospital stay.

The Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS, is a patient satisfaction survey required by the Centers for Medicare and Medicaid Services, or CMS, for participating hospitals in the United States. Communication between nursing staff and patients is one focus of HCAHPS surveys. Scores are based on the percentage of surveyed patients that give each hospital the highest possible rating. The scores are adjusted based on patient mix and survey mode. UF Health Jacksonville's standard for patient experience is a satisfaction rate of 70.2 percent or higher. The hospital's goal is to consistently meet this number in the 2018 fiscal year. As of Feb. 19, UF Health Jacksonville earned a satisfaction rate of 71.56 percent through organizationwide improvements to include all HCAHPS domains.

"Having effective communication between nurses and patients is the backbone of many facets of patient care, like pain management," said Seth Osenkarski, a clinical quality nurse leader at UF Health Jacksonville and chair of the Nursing Communication Committee. "Did the nurse respect the patient, listen to the patient and explain to the patient? Those are the three domains we examined."

Beginning in 2016, the Nursing Communications Committee created a plan to further improve the scores using evidence-based solutions. "Literature says three things can fix nursing communication: bedside shift reports, hourly rounding and patient care assistant walking rounds," Osenkarski said.

The communication initiatives began on Aug. 1, 2017. Bedside shift reports were completed during every shift change in the patient's room. "Outgoing nurses meet with the incoming nurse in front of the patient," Osenkarski said. "They give a report and allow the patient to be a part of it. It gives the patient more control over their own care and

provides them greater autonomy. They can ask questions, and it gets everyone on the same page."

Hourly rounding provides patients frequent contact with their nurses and patient care assistants, or PCAs. Hourly check-ins allow patients to remain updated on their treatment schedule, receive pain management or get assistance going to the restroom.

PCAs also complete walking rounds at the end of each shift. This means they visit each room to check for cleanliness and ensure it is ready before new patients are admitted.

"Because nurses are at the forefront of patient care, it is imperative to develop and continuously promote effective communication skills, such as listening, studying body language and understanding cultural differences, in order to provide the first-rate care that all patients deserve," said Amanda Hagg, a nurse in the UF Health Jacksonville Labor and Delivery Unit.

The Nursing Communications Committee measures HCAHPS survey results every quarter. Their next steps to further increase patient satisfaction include giving all units access to simulation training on patient satisfaction and incorporating these communication protocols into nursing orientation.

Families are bringing their newborns home sooner thanks to reduced antibiotic use and best practices in the NICU.

Infants are admitted to UF Health Jacksonville's Level III Neonatal Intensive Care Unit for a variety of reasons, but the goal for each and every one remains the same — to get them healthy enough to go home to their families. At UF Health Jacksonville, this family reunion is happening sooner. Providers and staff credit decreased antibiotic use and implementing cluster-care sessions for advancements in the NICU.

For many years, the methodology was to give NICU patients five to seven days of antibiotics for suspected infection. New research found connections between prolonged use and antibiotic resistance, and also between secondary infections and complications. When this happens, patients may have to stay in the NICU longer.

"It's important to monitor infants for clear evidence of infection before administering antibiotics," said Josef Cortez, MD, medical director of the NICU. "With the right tools, we can now closely track antibiotic usage rates to prevent prolonged treatment."

Since 2016, UF Health Jacksonville has reduced the amount of antibiotics administered in the NICU by 25 percent. With the decrease came earlier discharges for infants. During the past two years, the average length of stay in the NICU has decreased from 38 days to 30 days, allowing families to bring babies home up to a week sooner.

UF Health Jacksonville's NICU participates in Choosing Antibiotics Wisely, an international, web-based collaborative for data reporting. In addition, UF Health Jacksonville created a NICU-specific antibiotic

stewardship program to monitor and track patient statistics that include antibiotic use. This multidisciplinary approach has enhanced communication with neonatologists, pharmacists, nursing staff and parents.

"Overusing antibiotics can cause many issues," pharmacist Bill Renfro said. "It's important to see how we measure against other NICUs, and look at long-term results."

Other practices supporting antibiotic use and length of stay goals include the use of donor breast milk, and education of nurses, staff and patient families about medication use and quality procedures.

One quality improvement recently initiated in the NICU involves scheduled coordination by nursing staff and providers to limit disruptions for the babies. Clustering important duties, such as diaper changing, changing IV lines, drawing blood and administering medications, can be done within the same time block.

"Cluster care has enabled the nursing staff to better control the therapeutic environment for the babies," said Mark Yeoman, a NICU nurse. "It reduces the stress caused by multiple interruptions."

Patient quality — even for the tiniest patients — is an important measurement for all providers and staff at UF Health Jacksonville. For the dedicated neonatologists and NICU providers, advancements in technology, research and best practices improve the health and experience for not just their patients, but the patients' families as well.

SHORTER
STAYS
FOR OUR
SMALLEST
PATIENTS





45 YEARS

SANDRA JONES, Case Management

40 YEARS

BARBARA BRIDGES, 8S Surgery
BERNICE HIGHSMITH, MICU
FELECIA JOHNSON, Labor & Delivery

35 YEARS

SANDRA WASHINGTON BELL, Orthopaedic Clinic
CAROLYN BROOKINS, Core Laboratory
GAYLA ETHEL EVERHART, Women's Acute Care Center
GWENDOLYN HAYNES, Respiratory Therapy
SANDRA MCDONALD, Support Services
DAVID MILONAS, Carpenter Paint Shop
PHYLLIS PARKS, 3N Obstetrics
SHARON RIVERS, Surgery Center North

30 YEARS

NANCY BOLAN, Molecular Pathology
CARLOS BRICENO, Purchasing
ROSETTE BROWN-IRVING, Case Management
SHELIA BURKS, Ophthalmology
LISA CORNER, Nuclear Medicine
REGINA COVIN, Gastroenterology
GRADENE CRANE, Pre-Admission Testing
SHELIA CURRY, Patient Financial Services
KIMBERLY EASTER, Noninvasive Cardiac Lab
CHARLES FLETCHER, ITS Applications
IDA GARNER, Emergency Department
MARY GASSERT, Emergency Department
RENE GUYNN, Medicine Multispecialty Clinic
DIANE HA, Patient Accounting
DELILAH KOHN, Emergency Department
JOCELYN LAMUG, MICU
KAREN MALCOLM, Ambulatory Pharmacy
KELLENE SAULS, Flight Services
LORENZO SHEPPARD, Mechanical Maintenance
ELIZABETH SMITH, PFS Administration
DEBORAH SUMLIN, Core Laboratory
KELLI TANKERSLEY, 6N Med/Surg
LINDA WILLIAMS, 8S Surgery
MICHELE WORLEY, Operating Room

25 YEARS

NILO AVILES, Respiratory Therapy
SEMAJ BADGER-MCLENDON, Infection Control
JOSEPH BARGERON, Code Blue Team
MARY LOU BARTLETT, Respiratory Therapy
DOLLY BENTON, Transitional Care Unit
TERESA CALVERT, Trauma Center
MARY COBB, Outpatient Cardiology
JACQUELYN COOPER, Transitional Care Unit
MAGGIE FLOYD, Parking
DEBRA FORREST, Poison Control
MIRNA GONZALEZ, Laboratory
BILLIE GREEN, ICU North
DEBORAH GRIER, Inpatient Dialysis
CHERYL JACKSON, Health Information Management
EMELITA JUEGO, 3S Gynecology
SHAHLA KOGEN, Inpatient Dialysis
KEVIN KUECHMANN, Emergency Department
BONNIE LYLE, 3N Obstetrics
GEORGE LYONS, MICU
AMY MARRON, MICU
NICOLETTE MASSIE, Laboratory
GREGORY MILLER, Administration
RONALD MURPHY, Respiratory Therapy
ELLA NEDD, Transitional Care Unit
JOEL PARNES, Pharmacy
ANGELA PRINCE, Case Management
SILVA PRINCE, Laboratory
JUANITA RILEY, Labor & Delivery
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JANICE SIMPSON, Respiratory Therapy
DEBORAH SOMERSET, Admissions
BHAGESHRI TAHILIANI, Pharmacy
EMELIE TIRADO, 6S NICU
CINDY TORRE, Operating Room

RICHARD TURNER, Engineering
PATRICIA WAKEFIELD, Gastroenterology
BRIDGETTE WOODS, Inpatient Financial Services
TINA WRYE, Volunteer Services

20 YEARS

JOYCE ARTIS, Home Health Administration
RICK BAKER, ITS Applications
EVANGELINE BELEN, 6S NICU
DEBBIE BELUS, SICU
NEDRA BOWES, Breast Imaging
DONNA GHANAYEM, Little Miracles Program
PATRICIA HERBST, SICU
SANDRA HUFF, Parking
LANELLE HURLEY, MICU
QUEENESTER JOHNSON, 3N Obstetrics
FRANCES JONES, Labor & Delivery
NELSON KEEFER, Media Center
MAUREEN KIRTSEY, Outpatient Cardiology
SHARON MCMILLER, 4N Neuro
GAIL MCNEAL, Gift Shop
DARIN MORSE, Patient Financial Services
AMY MOSHER, Pharmacy
TAMMIE NELSON, Pharmacy
LORI OSSMANN, 6S NICU
NEOMI PALMER, Laboratory
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CATHERINE SALISBURY, Operating Room
ANTHONY SAMPSON, Pharmacy
BARBARA SCOTT, 8N Family Medicine
STEPHANIE SCOTT, Monitor Bank
GERTRUDE SMITH, Case Management
KATHY SMITH, Central Supply
WILLIAM VANN, Receiving & Distribution
JULIE WALLACE, Labor & Delivery
GLENN WARNER, 5N CCU
LORIE WATKINS, Cardiac Rehab
CHRISTINA WHITE-MONDS, Trauma Center
MELISSA WRIGHT, 5N CCU



2018 EMPLOYEE SERVICE AWARDS

HONORING 20, 25, 30, 35, 40 AND 45 YEARS OF SERVICE.

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OPENLINES

NEWSLETTER DEADLINES

August – June 15

September – July 13

Submit your copy and photos via email to openlines@jax.ufl.edu.

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